## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

4 ROHED-1

|  |  | S   | SMALL ENTITY                 |                              |                      | OTHER            | THAN     |                    |                          |       |                     |                        |
|--|--|---|------------------------------|------------------------------|----------------------|------------------|----------|--------------------|--------------------------|-------|---------------------|------------------------|
| _  |  | ·   | (Column 1)                   |                              | (Column 2)           |                  |          | TYPE               |                          | OR    | SMALL               |                        |
| TOTAL CLAIMS   |  |   | 25                           |                              |                      |                  |          | RATE               | FEE                      |       | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                 |                              | NUMBER EXTRA         |                  |          | BASIC FEE          | 355.00                   | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 7 minus 20=                |                              | • 5                  |                  |          | X\$ 9=             |                          | OR    | X\$18=              | 90                     |
| INDEPENDENT CLAIMS   |  |   | 15 minus 3 =                 |                              | 12                   |                  |          | X40=               |                          | OR    | X80=                | 960                    |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM PI                              | RESENT                       |                              |                      |                  |          | +135=              |                          | OR    |                     |                        |
| * If the difference in column 1 is less than zero, enter *0" in o  |  |   |                              |                              |                      | olumn 2          | i.       | TOTAL              |                          | OR    | TOTAL               | 1760                   |
| CLAIMS AS AMENDED - PART II  |  |   |                              |                              |                      |                  |          | `                  | •                        | •     | OTHER               | THAN                   |
| ,  |  | (Column 1)                                  | (Column 2)                   |                              |                      | (Column 3)       |          | SMALL              |                          | OR    | SMALL               | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                              | HIGH<br>NUM<br>PREVK<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE   |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 19  | Minus                        | · · 2                        | 5                    | • Ø              |          | X\$ 9==            |                          | OR    | X\$18=              |                        |
| AME  | Independent •                                  |   | Minus ••• /5                 |                              | S<br>CCI AIM         | = 0              |          | X40=               | ·                        | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                              |                              |                      |                  | ' [      | +135=              | 11                       | OR    | +270=               |                        |
|  |  |   |                              |                              |                      |                  |          | TOTAL<br>ODIT, FEE |                          | OR    | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                              |                              |                      |                  |          |                    |                          |       | AUGII, FEC          |                        |
| AMENDMENT B  |  | CLAIMS                                      |                              | HIGH                         | EST                  |                  | 7        |                    | ADDI-                    |       |                     | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT             |                              | PREV                         | IBEA<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE               | TIONAL<br>FEE            |       | RATE                | TIONAL<br>FEE          |
|  | Total  | ٠   | Minus                        | ••                           |                      | =                |          | X\$ 9≖             |                          | OR    | X\$18=              |                        |
| AME  | independent • FIRST PRESENTATION OF MI         |   | Minus ***  ULTIPLE DEPENDENT |                              | CL AIM               | CLAIM []         |          | X40=               |                          | OR    | X80=                |                        |
| The state of the s |  |   |                              |                              |                      |                  |          | +135=              |                          | OR    | +270=               | _                      |
|  |  |   |                              |                              |                      |                  |          | TOTAL<br>DDIT. FEE |                          | OR    | TOTAL<br>ADDIT, FEE |                        |
|  |  | L ^   | worn fee l                   |                              |                      |                  |          |                    |                          |       |                     |                        |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENOMENT |                              | PREVI                        |                      | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE - |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                        | **                           |                      | 3                | ][       | X\$ 9=             |                          | OR    | X\$18=              |                        |
|  | Independent                                    |   | Minus                        | ***                          | T (0) 1111           | -                | <b>4</b> | X40=               |                          | OR    | X80=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                              |                      |                  |          | +135=              |                          | OR    | +270=               |                        |
| • (  | f the entry in colu                            | mn 1 is less than t<br>mber Previously Pa   | he entry in colu             | mn 2, writ                   | e "O" in co          | lumn 3.          | L        | TOTAL              |                          | OR    | TOTAL               |                        |
| •••  | lf the "Highest Nu                             | mber Previously P                           | aid For" IN TH               | IS SPACE                     | is less th           | in 3, enter "3." | •        | DDIT. FEE          |                          | ;     | ADDIT. FEE          |                        |
|  | The "Highest Nun                               | nber Previously Pa                          | id For" (Total o             | r Independ                   | ient) is the         | highest numb     | er 10u   | nd in the ap;      | od etehqore              | in co | atumn 1.            |                        |